Appendix C: Background Check Verification Form

Due within 10 days of the first day of the school year for all First Class Pre-K Classrooms. Please see timeline for submission requirements.

The safety and security of the students at our Grantee sites is very important to the Department of Early Childhood Education. All non-DHR licensed/non-public school programs must list all employees or volunteers that have contact with First Class Pre-K students and identify whether you have recently completed a background check for the individual(s). **This form is required to be completed in its entirety for all non-licensed programs.**

*Program directors in a Public School, or other currently DHR licensed program are only required to sign the verification statement at the bottom of the form and have it notarized. **If new employees or volunteers will have contact with First Class Pre-K students after initial completion of this form, all nonlicensed programs must submit an updated form to your Monitor. Classroom Name: _____ Program Name: ____ 1) For non-licensed child care providers, please list all individuals described above and verify background checks. Position **Background Check Employee/Volunteer at Site Completed and Passed?** Circle Yes or No. Circle Yes or No ***If you answered no to any employee/volunteer for question #1, DECE will require that no unchecked adults will be left alone with students (unless it's their own child) until a recently passed background check can be completed and verified to DECE. _____ (Public school/DHR licensed program director's name), verify all employees or volunteers who have contact with Alabama First Class Pre-K Program students have recently and satisfactorily passed a background check (you should still sign the form and have it notarized). Please send completed notarized form with program director's signature and date completed to: Alabama Department of Early Childhood Education, Office of School Readiness, Attention: Official Background Check, P.O. Box 302755, Montgomery, AL 36130-2755 Program Director's Signature Date State of Alabama County of _____ The foregoing instrument was acknowledged before me this _____ day of ______, 20____.



Notary's Official Signature (Seal)

Commission Expiration Date